

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006800

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 79

AMENDED

FILED FEB 20 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCE

Length of stay in 1b  
50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 10502 Lake Drive

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
10502 Lake Drive

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

MATTIE

DELL

HUNT

## 4. DATE OF DEATH

Month

Day

Year

FEBRUARY 13, 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6-6-1902

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALES LADY

## 10b. KIND OF BUSINESS OR INDUSTRY

COOKS PAINT CO.

## 11. BIRTHPLACE (City and state or country)

INDEPENDENCE, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

WILLIAM LEASE

## 13b. MOTHER'S MAIDEN NAME

ELLA WEBB

## 14. NAME OF HUSBAND OR WIFE

WM. L. HUNT- Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

HA John Louis Hunt, 13613 E. 41st St., Indep.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Coronary thrombosis

### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Arteriosclerotic Heart Disease

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2-16-62

## 23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

## 23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

2-14-62

## 26. REGISTRAR'S SIGNATURE

Alfred L. Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

3/8/62

3/8/62

INSTEAD OF

pending lab. exam.

SHOULD READ

Coronary thrombosis

Arteriosclerotic Heart Disease

BY AFFIDAVIT OF attending physician DOCUMENT

MEDICAL CERTIFICATION

FEB 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.